

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 1 OF 8  
 FOR LINE 24 OF FORM 3X

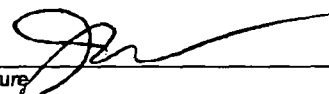
NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee <b>WANO</b>		Date of Public Distribution/Dissemination <b>10 / 20 / 2014</b>	
Mailing Address <b>P.O. Box 823</b>		Amount <b>26250</b>	
City <b>Middlesboro</b>	State <b>Ky</b>	Zip Code <b>40965</b>	Date of Disbursement or Obligation <b>10 / 16 / 2014</b>
Purpose of Expenditure <b>Radio Ads</b>		Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McConnell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: <b>Ky</b>
Calendar Year-To-Date Per Election for Office Sought <b>749925</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>WFXy</b>		Date of Public Distribution/Dissemination <b>10 / 20 / 2014</b>	
Mailing Address <b>P.O. Box 823</b>		Amount <b>26250</b>	
City <b>Middlesboro</b>	State <b>Ky</b>	Zip Code <b>40965</b>	Date of Disbursement or Obligation <b>10 / 16 / 2014</b>
Purpose of Expenditure <b>Radio Ads</b>		Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McConnell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: <b>Ky</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>52500</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	


Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 Signature 

 Date **10 / 17 / 2014**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>			
Full Name of Payee <b>THE MANCHESTER ENTERPRISE</b>		Date of Public Distribution/Dissemination <b>10 / 20 / 2014</b>	
Mailing Address <b>P.O. Box 449</b>		Amount <b>300.00</b>	
City <b>Manchester</b>	State <b>Ky</b>	Zip Code <b>40962</b>	Date of Disbursement or Obligation <b>10 / 16 / 2014</b>
Purpose of Expenditure <b>Radio Ads</b>		Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>Ky</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> General    State: <b>Ky</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORCHT BROADCASTING</b>		Date of Public Distribution/Dissemination <b>10 / 20 / 2014</b>	
Mailing Address <b>534 Tobacco Rd.</b>		Amount <b>375.00</b>	
City <b>London</b>	State <b>Ky</b>	Zip Code <b>40741</b>	Date of Disbursement or Obligation <b>10 / 16 / 2014</b>
Purpose of Expenditure <b>Radio Ads</b>		Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McCONNELL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>Ky</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> General    State: <b>Ky</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>675.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature 		Date <b>10 / 17 / 2014</b>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X


NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Forcht Broadcasting</b>	Date of Public Distribution/Dissemination <b>10 / 20 / 2014</b>
Mailing Address <b>P.O. Box 1480</b>	Amount <b>237.50</b>
City <b>SOMERSET</b> State <b>Ky</b> Zip Code <b>42502</b>	Date of Disbursement or Obligation <b>10 / 16 / 2014</b>
Purpose of Expenditure <b>Radio Ads</b> Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McConnell</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>Ky</b> <input type="checkbox"/> President <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>WHAY Radio</b>	Date of Public Distribution/Dissemination <b>10 / 20 / 2014</b>
Mailing Address <b>P.O. Box 69</b>	Amount <b>375.00</b>
City <b>Whitley City</b> State <b>Ky</b> Zip Code <b>42653</b>	Date of Disbursement or Obligation <b>10 / 16 / 2014</b>
Purpose of Expenditure <b>Radio Ads</b> Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McConnell</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>Ky</b> <input type="checkbox"/> President <input type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>61250</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Signature  Date **10 / 17 / 2014**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 4 OF 8  
 FOR LINE 24 OF FORM 3X

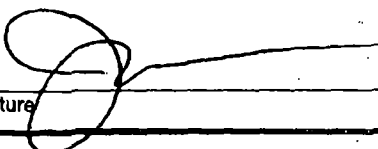
NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER <b>C00567172</b>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>WPRT East Ky Broadcasting</b>		Date of Public Distribution/Dissemination <b>10/20/2014</b>	
Mailing Address <b>P.O. Box 2200</b>		Amount <b>400.00</b>	
City <b>Pikeville</b>	State <b>Ky</b>	Zip Code <b>41502</b>	Date of Disbursement or Obligation <b>10/16/2014</b>
Purpose of Expenditure <b>Radio Ads</b>		Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McConnell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President <input type="checkbox"/> District: <b>KY</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>MLB RESEARCH ASSOCIATES</b>		Date of Public Distribution/Dissemination <b>10/16/2014</b>	
Mailing Address <b>54 Stage Rd.</b>		Amount <b>262.75</b>	
City <b>Williamsburg</b>	State <b>MA</b>	Zip Code <b>01096</b>	Date of Disbursement or Obligation <b>10/16/2014</b>
Purpose of Expenditure <b>VETERANS FLYER</b>		Category/Type <b>006</b>	
Name of Federal Candidate <b>Mitch McConnell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President <input type="checkbox"/> District: <b>KY</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>662.75</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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 Signature 

 Date **10/17/2014**

**SCHEDULE E (FEC Form 3X)**  
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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>			
Full Name of Payee <b>Codiz Record</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 15 / 2014</span>	
Mailing Address <b>P.O. Box 1670</b>		Amount <span style="border: 1px solid black; padding: 2px;">20000</span>	
City <b>Codiz</b>	State <b>Ky</b>	Zip Code <b>42211</b>	
Purpose of Expenditure <b>Display ad</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10 / 14 / 2014</span>			
Name of Federal Candidate <b>Mitch McConnell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>Ky</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Codiz Record</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 22 / 2014</span>	
Mailing Address <b>P.O. Box 1670</b>		Amount <span style="border: 1px solid black; padding: 2px;">20000</span>	
City <b>Codiz</b>	State <b>Ky</b>	Zip Code <b>42211</b>	
Purpose of Expenditure <b>Display Ad</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10 / 14 / 2014</span>			
Name of Federal Candidate <b>Mitch McConnell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>Ky</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">40000</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Date 10 / 17 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 6 OF 8  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>		FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">  </span> / <span style="border: 1px solid black; padding: 2px;">  </span> / <span style="border: 1px solid black; padding: 2px;">  </span>			
Full Name of Payee <b>Good Neighbor</b>		Date of Public Distribution/Dissemination <b>10'12'2014</b>	
Mailing Address <b>3042A LONE OAK Rd.</b>		Amount <b>253.50</b>	
City <b>Paducah</b>	State <b>Ky</b>	Zip Code <b>42003</b>	
Purpose of Expenditure <b>Display Ad</b>		Date of Disbursement or Obligation <b>10'17'2014</b>	
Name of Federal Candidate <b>Mitch McCONNELL</b>		Category/Type <b>004</b>	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <b>1</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>Ky</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">  </span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;">  </span>	

Full Name of Payee <b>Good Neighbor</b>		Date of Public Distribution/Dissemination <b>10'19'2014</b>	
Mailing Address <b>3042A LONE OAK Rd.</b>		Amount <b>253.50</b>	
City <b>Paducah</b>	State <b>Ky</b>	Zip Code <b>42003</b>	
Purpose of Expenditure <b>Display Ad</b>		Date of Disbursement or Obligation <b>10'17'2014</b>	
Name of Federal Candidate <b>Mitch McCONNELL</b>		Category/Type <b>004</b>	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <b>Ky</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>Ky</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">  </span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <span style="border: 1px solid black; padding: 2px;">  </span>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>507.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **10'17'2014**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 7 OF 8  
 FOR LINE 24 OF FORM 3X

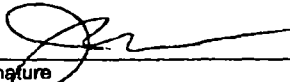
NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Good Neighbor</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 26 / 2014</span>	
Mailing Address <b>3042A Lone Oak Rd</b>		Amount <span style="border: 1px solid black; padding: 2px;">253.50</span>	
City <b>Paducah</b>	State <b>Ky</b>	Zip Code <b>42003</b>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10 / 17 / 2014</span>
Purpose of Expenditure <b>Display ad</b>		Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McConnell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>Ky</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Cadiz Record</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10 / 08 / 2014</span>	
Mailing Address <b>P.O. Box 1670</b>		Amount <span style="border: 1px solid black; padding: 2px;">200.00</span>	
City <b>Cadiz</b>	State <b>Ky</b>	Zip Code <b>42211</b>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10 / 02 / 2014</span>
Purpose of Expenditure <b>Display ad</b>		Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McConnell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>Ky</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">453.50</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 Signature 

 Date 10 / 17 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 8 OF 8  
 FOR LINE 24 OF FORM 3X

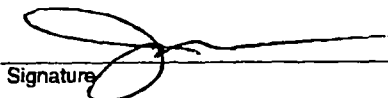
NAME OF COMMITTEE (In Full) <b>BLUEGRASS RURAL</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00567172</b>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>CADIZ RECORD</b>		Date of Public Distribution/Dissemination <b>10 / 22 / 2014</b>	
Mailing Address <b>P.O. Box 1670</b>		Amount <b>200.00</b>	
City <b>Cadiz</b>	State <b>Ky</b>	Zip Code <b>42211</b>	Date of Disbursement or Obligation <b>10 / 16 / 2014</b>
Purpose of Expenditure <b>Display Ad</b>		Category/Type <b>004</b>	
Name of Federal Candidate <b>Mitch McConnell</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: <b>Ky</b> <input type="checkbox"/> President    State: <b>Ky</b>
Calendar Year-To-Date Per Election for Office Sought <b>11,272.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate    District: <input type="checkbox"/> President    State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>200.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>4035.75</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 Signature 

Date

**10 / 17 / 2014**



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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